

## HAWAII STATE ETHICS COMMISSION

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STATE OF CAMPAGED A



## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIS	ST (17,50 S. 7 III)	. Glodily)		
NAME(Last)	(First)	(Middle)	TELEPHONE	
Yoshimitsu	Walter		585-3341	
MAILING ADDRESS (Str	reet)		FAX	
1184 Bishop Stree	t		521-8428	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	96	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Roman Catholic Church in the State of Hawaii			585-3341	
MAILING ADDRESS (Str	eet)		FAX	
1184 Bishop Street	<b>t</b>		521-8428	
(City)	(State)	(Zip (	Code)	
Honolulu	Hawaii	968	313	

PART II ORGANIZATION		
Roman Catholic Church in the	TELEPHONE 585-3341	
MAILING ADDRESS (Street)	FAX	
1184 Bishop Street		
•		521-8428
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PE	MENT TELEPHONE	
Walter Yoshimitsu		585-3341
MAILING ADDRESS (Street)	FAX	
1184 Bishop Street		521-8428
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

PART III DESCRIPTIO	N OF SUBJECTS UPON WHI	CH YOU EXPECT TO LOB	ВУ			
[ ] Agriculture	[ <b>X</b> ] Education	[X] Human Services	[ ] Science, Technology & Economic Development			
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relat				
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation			
[ ] Culture, Arts, Historic Preservation	[ <b>X</b> ] Health	[ ] Planning, Land & Water Use Management	[ ] Other: (indicate below)			
[ ] Ecology, Energy Environmental Protection	[ <b>X</b> ] Housing	[X] Public Safety & Correcti	ons			
PART IV CERTIFICAT	ION OF LOBBYIST					
	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Matte	With Joshimton 10/25/02					
	(Signature of Lobbyist)		(Date)			
PART V AUTHORIZAT	TION TO LOBBY					
NAME	HON TO LODD!	TITLE OF AUTHORIZING (	DFFICER OR PERSON REPRESENTED			
Most Rev. Francis X. DiLorenzo Bishop, Diocese of Honolulu						
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Roman Catholic Churc	533-1791					
MAILING ADDRESS (Street)			FAX			
1184 Bishop Street			537-1860			
(City) (State)			ip Code)			
Honolulu	Hawaii 96813					
I hereby authorize th	ne above - named person to en	gage in lobbying activities o	on behalf of the undersigned.			
Trancis (	X. Di Freux		10-25-02			
	gnature of Authorizing Officer or Person	on Represented)	(Date)			